

GAP/GHP Systems Audit Checklist and Score Sheet

Facility Name:			
Street Address:	City:	State:	Zip:
Date Audit Requested:	Date Audit Begun:	Date Audit Completed:	
	Time Audit Begun:	Time Audit completed:	

EVALUATION ELEMENTS

Element	Possible Points	Less N/A Points	Adjusted Points	Passing Score ¹	Facility Score	Pass or Fail	Date Passed
General Questions	175						
Part 1 – Farm Review	150						
Part 2 – Field Harvesting & Field Packing Activities	90						
Part 3 – House Packing Facility	210						
Part 4 – Storage and Transportation	115						
Part 5 – Traceback	100						
Part 6 – Wholesale Distribution Center/Terminal Warehouses	355						
Part 6-A – Traceback	60						
Part 7 – Food Security	Completed Date						

¹A Passing Score is 70% of the Possible Points or the Adjusted Points, if adjustment is necessary.

Commodities Reviewed:							

Auditor Name/Signature: (Print) _____ **(Sign)** _____

Reviewing Official Name/Signature: (Print) _____ **(Sign)** _____

The undersigned Facility representative agrees -to --not to -- have the company Name/Address and passed elements posted to a USDA website.

Sign: _____ **Date:** _____

Date Posted to USDA Web-site: _____

USDA GAP & GHP Website: <Http://www.ams.usda.gov/fv/fpbgapghp.htm>

Date Certificate Issued: _____